

SERIAL NUMBER 09/117,838	FILING DATE 08/12/98	CLASS 424	GROUP ART UNIT 1623	ATTORNEY DOCKET NO.
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APPLICANT	OLEG LLIICH EPHSTEIN, MOSCOW, RUSSIAN FEDERATIO.														
	CONTINUING DOMESTIC DATA*** VERIFIED <u>HO</u>														
	371 (NAT'L STAGE) DATA*** VERIFIED THIS APPLN IS A 371 OF PCT/RU97/00026 02/10/97 <u>HO</u>														
	FOREIGN APPLICATIONS*** <table border="0"> <tr> <td>VERIFIED</td> <td>RUSSIAN FEDERATIO</td> <td>96102195</td> <td>02/12/96</td> </tr> <tr> <td><u>HO</u></td> <td>RUSSIAN FEDERATIO</td> <td>96102209</td> <td>02/12/96</td> </tr> <tr> <td></td> <td>RUSSIAN FEDERATIO</td> <td>96107564</td> <td>04/24/96</td> </tr> </table>				VERIFIED	RUSSIAN FEDERATIO	96102195	02/12/96	<u>HO</u>	RUSSIAN FEDERATIO	96102209	02/12/96		RUSSIAN FEDERATIO	96107564
VERIFIED	RUSSIAN FEDERATIO	96102195	02/12/96												
<u>HO</u>	RUSSIAN FEDERATIO	96102209	02/12/96												
	RUSSIAN FEDERATIO	96107564	04/24/96												
***** SMALL ENTITY *****															

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY RUX	SHEETS DRAWING 0	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>HO</u> Examiner's Initials Initials					

ADDRESS	ILYA ZBOROVSKY 6 SCHOOLHOUSE WAY DIX HILLS NY 11746		PHONE: (516)243-3818

TITLE	MEDICAMENT AND METHOD OF TREATING AN ORGANISM WITH MEDICAMENTS	

FILING FEE RECEIVED \$535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 117838	RECEIPT DATE:	08 / 12 / 98
NUMBER:	PCT/ RU97 / 00026	IA FILING DATE:	02 / 10 / 97
FAMILY NAME:	EPSHTEIN	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	OLEG	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 12 / 96
BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	RUX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	514 243 3818
	ILYA	FAX	
NAME:	I ZBOROVSKY		
STREET:	6 SCHOOLHOUSE WAY		
CITY:	DIX HILLS		
STATE/COUNTRY:	NY	ZIP:	11746
FILE:			
PUBLICATION TITLES:			
EDICAMENT AND			

TAB TO LAST POSITION,PUSH SEND